

Mounds View Public Schools
350 Highway 96 West
Shoreview, MN 55126

Form EG-5117

Receipt for Gifts

Group or Individual Making Contribution _____ Date _____

Type of Gift: _____ Monetary \$ _____
Amount

_____ Other _____
Description

To be used for: 1st Choice _____
Name of Program

2nd Choice _____
Name of Program

Date/s of program, if applicable _____

I have received the gift described above to be used in accordance with the wishes of the donor/s and with Policy EG-5117 - Grants, Contracts and Gifts.

Signed _____
School District Administrator or Designee

School _____

I understand that use of gifts donated for the program indicated above will be at the discretion and judgment of the School Board or its designee in accordance with Policy EG-5117 - Grants, Contracts and Gifts.

Signed _____
Donor or Donor Representative

Please complete this section so that proper acknowledgment can be made.

Street Address

City State Zip